State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name MINICRA	L COUNTY Can	Candidate or Committee's Treasurer			
REPUBLICAN EXCCUTIVE C	OM MITTER	CANDY GORON			
Political Party (for candidates)	Trea	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) Distri		y, State, Zip Code LYSCR, WV. 26926	Daytime Phone # 304-788-5653		
Due March 29 - April 4, 2008 Due Ap General - First Report Pre-ge Due Sept. 22 - 26, 2008 Due Oc	mary Report oril 28 - May 2, 2008 neral Report ot. 20 - 24, 2008	Post-primary Report Due May 26 - 30, 2008 Post-general Report Due Nov. 17 - 21, 2008	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
Reporting Period:	Annual Report Due Due last Saturday i days thereafter	PAC must also file Form F-6 Dissolution			
	2222				

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	3002.29			
Total Contributions (from Page 2)	2.	+ -0-			
Subtotal (lines 1+2)	3.	= 3002.29			
Total Expenditures (from Page 2)	4.	_ 19,80			
Ending Balance (lines 3-4)		= 42982.49			
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

4166,00

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

3534,15

CONTRIBUTORS OF:

\$250 or less

More than \$250

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Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			1	Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Total Contributions:	
	Check if additional pages have been atached.			(add both columns)	
		: (Itamira	2	porty expenditures reimburgements	
Date	Full name, residence address (if perso	•		carty expenditures/ reimbursements)	Amount
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1,	ANDY GORDON	U 6	, sv	vear or affirm that the attached statemer ansactions occurring within the period co	t is true and
staten	nent, as required by West Virginia C	r all financ Code §3-8-	наі тга 5а.	ensactions occurring within the period co	rerea by this
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	Candy (Xi	<i>soluri</i>	******	Signature of Candidate, Agent,	or Treasurer
Data	9/24.2008				
Date_	7/07, 20/0			Office Use Only	
				Received By:	